

	AMERICAN DENTAL PLAN (ADP) Now known as CompBenefits	
Choice of Dentist	Limited to Participating Dentists in Private Practice	
Maximum Benefit/Deductible	No Maximum No Deductible	
Type I	STANDARD	ENRICHED
	You Pay*	You Pay
0150 Comprehensive Oral Evaluation -New or Established	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
Xrays	No Charge	No Charge
1110/20 Prophylaxis	No Charge (Once every 6 months)	No Charge (Once every 6 months)
1203 Flouride Treatment (children up to the age 19)	No Charge	No Charge
1351 Sealant - per tooth	7.00	7.00
Type II		
Fillings: (silver)		
2140 one surface	No Charge	No Charge
2150 two surfaces	No Charge	No Charge
2160 three surfaces	No Charge	No Charge
2161 four or more surfaces	No Charge	No Charge
Root canals:		
3310 Anterior	95.00	95.00
3320 Bicuspid	135.00	135.00
3330 Molar	175.00	175.00
3410 Apicoectomy	65.00	65.00
Extractions:		
7111 Single tooth	No Charge	No Charge
7140 Extraction, erupted tooth or exposed tooth	No Charge	No Charge
7210 Surgical extraction of erupted tooth	20.00	20.00
Periodontics: (gum treatment)		
4341 Periodontal scaling & root planning-per quadrant	37.50	37.50
4210 Gingivectomy/gingivoplasty - per quadrant	105.00	105.00
4910 Periodontal maintenance procedures	UCR Less 25%	35.00
Type III		
Crown & Bridge		
2930 Prefabricated stainless steel primary tooth	35.00	35.00
2791 Crown full cast predominately base metal	185.00**	185.00**
2751 Crown Porcelain fused to base metal	200.00**	200.00**
Pontics:		
6210 Full cast	185.00**	185.00**
6240 Porcelain fused to metal	200.00**	200.00**
Prosthodontics (Dentures)		
5110 Complete upper	200.00	200.00
5120 Complete lower	200.00	200.00
5213/14 Partial upper or lower - cast metal base	250.00	250.00
ORTHODONTIA		
Consultation	No Charge	No Charge
Evaluation	UCR Less 25%	35.00
Records	UCR Less 25%	250.00
Children - Normal Class II	UCR Less 25%	1400.00
Adult - Normal Class II	UCR Less 25%	1950.00
8750 Retention	Additional	Additional

VISION		
Examination	Not Covered	Not Covered
Single Vision Lenses	Not Covered	Up to 50% off doctor's prices
Bifocal Lenses	Not Covered	Up to 50% off doctor's prices
Trifocal Lenses	Not Covered	Up to 50% off doctor's prices
Contact Lenses - Non-Elective	Not Covered	Up to 50% off doctor's prices
Contact Lenses - Elective	Not Covered	Up to 50% off doctor's prices
Frames	Not Covered	Up to 50% off doctor's prices

*STD Plan fee apply to participating General Dentist **Copayments are exclusive of gold.